AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: [X] IXC [] CLEC [] ILEC [] Wireless 249732

70T	Tologom Oracia Inc	CERTIFICATED COM	EANT INFORMATION		
	Telecom Group Inc				
Company Name			FEIN/SSN 440-892-0300		
)ba/fl	ka		Telephone #		
/lailin	g Address				
	W Michigan Ave 4th Fl				
	State, Zip Code				
	mazoo MI 49007		1.7		
	ess Location	01: 44445	2		
	7 Clemens Rd, Westlake	Onio 44145	Cuyahoga		
ily, c	State, Zip Code		County		
		REGISTERED AGE	NT INFORMATION		
Regis	tered Agent: <u>B Allston M</u>	oore Jr			
	g Address: 5 Exchange	St			
	eston SC 29401				
	State, Zip Code				
uant		ules and regulations, p	rint or type company con	tact for the following area	
	Michael Litten				
	General Manager (Inc	clude Address if differen	t than above)		
			/ mlitten@4dct.com		
	Telephone Number	/ Facsimile Number	/ E-mail Address		
	Amy Buckley		***		
	Customer Relations/ 888-404-4328	Complaints Represent	ative (Include Address if o	different than above)	
	Telephone Number	/ Facsimile Number	/ E-mail Address		
	Amy Buckley				
1.	Customer Relations/Complaints Representative for Escalated Complaints (Include Address if				
	different than above)				
	888-404-4328	_ <u>/</u>			
	Telephone Number	/ Facsimile Number	/ E-mail Address		
2	888-404-4328	all Frankling L. A			
2.	Customer Contact (T	oii Free Number)			
	Engineering Operations (Include Address if different than above)				
	Telephone Number	/ Facsimile Number	/ E-mail Address	· · · · · · · · · · · · · · · · · · ·	
	Test and Repair (Incl	ude Address if different	than above)	The second of th	
				MAR 2 21	
	Telephone Number	/ Facsimile Number	/ E-mail Address	원인 SU 이 및인지 U OPFIC	
	Emergencies (During N	Non-Office Hours)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Telephone Number	/ F	/		
	i elephone Nillmber	/ Facsimile Number	/ E-mail Address		

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

J Anthony Rehak				
Regulatory Officer (Include Address if different than above)				
440-892-0300	/ 440-892-2850	/ trehak@4dct.com		
Telephone Number	/ Facsimile Number	/ E-mail Address		
Dual Party Mailings (Name)				
(Mailing Address)	1	1		
Telephone Number	/ Facsimile Number	/ E-mail Address		
Interim LEC Fund Mailings (Name)				
(Mailing Address)				
Telephone Number	/ Facsimile Number	/ F. mail Address		
Patrick D Crocker	r racsimile Number	/ E-mail Address		
Universal Service Fund Mailings (Name)				
107 W Michigan Ave 4th Fl, Kalamazoo MI 49007				
(Mailing Address)	7			
269-381-8888	/ 269-381-4855	/ contact@nationwideregulatorycompliance.com		
Telephone Number	/ Facsimile Number	/ E-mail Address		
Patrick D Crocker				
Gross Receipts Mailings (Name) 107 W Michigan Ave 4th Fl, Kalamazoo 49007				
(Mailing Address)				
<u>269-381-8888</u>	/ 269-381-4855	/ contact@nationwideregulatorycompliance.com		
Telephone Number	/ Facsimile Number	/ E-mail Address		
Lifeline Mailings (Name)				
(Mailing Address)	1	ı		
Telephone Number	/ Facsimile Number	/ E-mail Address		
Patrick D Crocker				
This form was comp		Signature		
President, Nationwic	de Regulatory Compliar			
riue		Date		

RETURN COMPLETED FORM TO:

Public Service Commission of SC

Attn: Clerk's Office Post Office Drawer 11649 Columbia, South Carolina 29211

And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201